



**PUBLIC WORKS DEPARTMENT**  
**520 4TH STREET**  
**HAVRE, MT 59501**  
**406-265-4941**

Date Submitted: \_\_\_\_\_

Permit #: \_\_\_\_\_

**DEMOLITION PERMIT (COMPLETE ALL APPLICABLE ITEMS)**

Address/Name of Project: \_\_\_\_\_

Applicant: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Work: \_\_\_\_\_

\_\_\_\_\_

Valuation of Work: \_\_\_\_\_

Type of Structure: \_\_\_\_\_

Interior Demolition - Do not fill out below

Full Demolition - Complete Entire Form

**SERVICES CHECKLIST**

<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Electricity & Gas	Date
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Telephone & Internet	Date
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	City of Havre Public Works	Date
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Water	Date
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Sewer	Date
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Hill County Sanitarian (Asbestos Material Disposal)	Date

**NOTE: Capping of water & sewer lines must be inspected by CoH Public Works before permit is final**

**NOTE: A Dust Control Plan shall be required for all projects except for interior demolitions.**

I hereby certify that the above information is correct and the construction on, and the occupancy of the above described property will be in accordance with the laws, rules, and regulations of the State of Montana. A written letter of authorization from the property owner, if other than the applicant, shall be submitted indicating knowledge of the applicant's intent.

\_\_\_\_\_

Printed Name of Applicant

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

**FOR OFFICE USE ONLY**

Permit Entered By: \_\_\_\_\_

Fee due: \_\_\_\_\_